PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/691,591			ing Date 24/2003	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN	
Н	FOR	l N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A		1	N/A		
	SEARCH FEE (37 CFR 1.16(k), (f),		N/A		N/A		N/A		1	N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		N/A		1	N/A		
	FAL CLAIMS CFR 1.16(i))		minus 20 =				x \$ =		OR	x s =		
IND	EPENDENT CLAIM CFR 1.16(h))	s	minus 3 = *			l	x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and drawin sheets of paper, the applicatio is \$250 (\$125 for small entition additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37		on size fee due for each n thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(j))									]			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		]	TOTAL		
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY OR				OTHER THAN SMALL ENTITY	
AMENDMENT	02/27/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	• 6	Minus	·· 20	= 0		X \$25 =	0	OR	x s =		
	Independent (37 CFR 1.16(h))	• 3	Minus	<b></b> 3	= 0	1	X \$100 =	0	OR	x s =		
ME	Application Size Fee (37 CFR 1.16(s))											
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16(i))		Minus		=		x \$ =		OR	x \$ =		
	Independent (37 CFR 1,16(h))		Minus	***	=	]	x \$ =		OR	x \$ =		
핍	Application Size Fee (37 CFR 1.16(s))					]			]			
Α	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))					l			OR			
									OR	TOTAL ADD'L FEE		
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For In THIS SPACE is less than 20, entler "20".  "If the "Highest Number Previously Paid For I												

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost line face by the USFTO to monoceal an implication. Confidentially is governed by 80 Sec. 22 and 37 CEP. 1.14. This collection in extensive this line 22 vanishes to complete a position form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for motioning this burden, about the sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 2213-1450.